## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 08/01/2014  | Street:  | 6095 CR 44  |  |
|--|---|--|---|--|
| Incident #:  | 14ISPC006461                                      | Apt, Lot, Room #:  |   |  |
| <b>County</b> :  | DEKALB  | City:  | BUTLER  |  |
| Type of Laboratory Seizure (check one)   |   | Seizure Location (check all that apply)  |   |  |
| <ul><li>☑ Lab Seizure</li><li>☐ Chemical Seizure</li><li>☐ Equipment Seizure</li><li>☐ Dumpsite Seizure</li></ul>  |   | Residence Outbuilding Vehicle Other:   | Business  |  |
| Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown  |   |  |   |  |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)   |   |  |   |  |
| <ul> <li>✓ One Pot or Birch Reaction(s):</li> <li>VEHICLE/OUTSIDE</li> <li>☐ Red Phosphorous/Iodine Reaction(s):</li> <li>☐ Hydrochloric Acid Gas Generator(s):</li> <li>VEHICLE/OUTSIDE</li> <li>☐ Flammable Solvents:</li> </ul> |   | Anhyd Corros Corros Ammo   | Water Reactive Metal (Lithium): Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location): |  |
| Child under age 18 discovered (check appropriate)  |   |  |   |  |
| ☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often   |   | Living conditions of home: clean disarray unclean time tenden time t |   |  |
| Vehicle, Tra   | vel Trailer, RV or Watercraft Infor               | mation:  |   |  |
| Owner:<br>VIN:<br>Year:  | JESSICA A MASSENGALE<br>1G2WJ52K2VF301316<br>1997 | Make:<br>Model:<br>Color:  | PONTIAC<br>GRAND PRI<br>BLACK   |  |
| This report has been faxed* or emailed to the following agencies that serve the location:  |   |  |   |  |
| Fire Department: <u>BUTLER</u> Health Department County: <u>DEKALB</u> Department of Child Services Hotline: <u>dcshotlinerep</u>  |   | Fax: EM  | Fax: EMAILED<br>Fax: EMAILED<br>orts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596   |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: M. LAZOFF Phone 260-432-8661   |   |  |   |  |
| *This form is to be faxed to the Fire Department. Health Department and/or Department of Child Services listed within 24 hours of  |   |  |   |  |

scene processing.